Combined Declaration For Patent Application and Power of Attorney				ATTORNEY DOCKET 86238AMGB					
As below named inventor, I hereby declare that:  My residence, post office address and citizenship are as stated below next to my name,  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
PREVENTING CREASE FORMATION IN DONOR WEB IN DYE TRANSFER PRINTER THAT CAN CAUSE LINE ARTIFACT ON PRINT									
The specification of which (check only one item below):									
X is attached hereto.									:
was filed as United State was amended on (if app		erial No. on and	t						
was affiled as PCT interna	,	Number on a	nd was	amended on (if applical	ole).				
I hereby state that I have reviewed						laims, a	s amended by	any ame	endment
referred to above.				•	Ū		·	•	
I acknowledge the duty to disclose 37, Code of Federal Regulations,		ent & Trademark	Office a	Il information known to m	e to be mate	rial to p	atentability as	defined	in Title
I hereby claim foreign priority be	"	35, United States	s Code,	§119 (a)-*d) or 365 (b) of	any foreign	applica	tion(s) for pat	tent or in	ventor's
certificate, or (365 (a) of any PCT			_	-					
and have also identified below ar one country other than the United		· · · · ·		•		• •			
priority is claimed:	States of America	a med by me on t	ine sam	e subject matter having a fi	ing date bei	ore mat	or the applica	ation(s) o	1 willen
PRIOR FOREIGN/PCT APPLI	CATION(S) AND	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C. 1	19:				
COUNTRY (# PCT_ indicate PCT)	AF	PPLICATION NUMBER		DATE OF FIUNG (month/dayyear)			PRIORITY CLAIMED U	NDER 35 USC §	
							YES		NO NO
							YES		NO NO
							725		NO
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:									
PRIOR PROVISIONAL APPLI	CATION(S) AN	ANY PRIORIT	TY CLA	IMS UNDER 35 U.S.C. §	3119 (e):				
PROVISIONAL APPLICATION NUMBER FILING DATE (monit/day/year)									
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:									
PRIOR US APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S FOR BENEFIT UNDER 35USC§120:									
U.S. APPLICATIONS				STATUS (Check one)					
U.S. APPLICATION NUMBER			U.S. FILING DATE		PATENTE	D	PENDING	ABA	NDONED
10/426,591	April 30, 2003					X			
PCT APPLICATIONS DESIGNATING THE U.S.									
PCT APPLICATION NO. PCT FILI		NG DATE		U.S. SERIAL NUMBERS ASSIGNED (if any)		_			
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<b>Combined Declaration</b>	For Patent Application	and Power of Attorne	v (Continued)

ATTORNEY DOCKET 86238AMGB

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

e	nd Corresp	ondence to:		Direct Telephone Calls to:
		Patent Legal	Staff	(name and telephone number)
		Eastman Kod	ak Company	
343 State Street				Mark G. Bocchetti
				585-477-3395
		Rochester, N	Y 14650-2201	FAX: 585-477-4646
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	INVENTOR	Mindler	Robert	F.
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		D. 1011500 1000500		07475 1 7/2 00DE (00/19/7B)()
4	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
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,	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)
2	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
,	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
6	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201  GOVERNMENT  SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202  SIGNATURE OF INVENTOR 202  SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE 03/18/2014	03/18/2004	3/19/64
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE